

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12534

11390 CERTIFICATE OF DEATH

Reg. Dist. No. 351

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY <i>Maryland</i> CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Snow Hill</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>MD</i> COUNTY <i>Maryland</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Snow Hill</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		LENGTH OF STAY (in this place) <i>74 yrs</i>	
3. NAME OF DECEASED: (Type or Print) <i>Edward Allen</i>		(First) <i>Edward</i> (Middle) <i></i> (Last) <i>Allen</i>	4. DATE (Month) (Day) (Year) OF DEATH: <i>Nov. 39 1965</i>
5. SEX: <i>Male</i>	6. COLOR OR RACE: <i>belonged</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>married</i>	8. DATE OF BIRTH: <i>Aug. 9-1881</i>
10A. USUAL OCCUPATION Give kind of work done during most of working life, even if retired. <i>tailor</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i></i>	
13. FATHER'S NAME: <i>Sidney Allen</i>		11. BIRTHPLACE (State or foreign country): <i>Snow Hill MD</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i> Yes, give war or dates of service		12. CITIZEN OF WHAT COUNTRY? <i></i>	
16. SOCIAL SECURITY NO. <i>None</i>		14. MOTHER'S MADDEN NAME: <i>Ellen Armstrong</i>	
17. INFORMANT & ADDRESS: <i>Mrs. Lonnie Allen, Snow Hill MD</i>			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Toxemia</i> IMMEDIATE CAUSE <i>Lobar Pneumonia</i> ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>Myocardial Insufficiency</i>			
INTERVAL BETWEEN ONSET AND DEATH <i>12 hr.</i> <i>1 wk</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		19. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov. 25, 1955</i> , to <i>Nov. 29, 1965</i> , that I last saw the deceased alive on <i>Nov. 28, 1955</i> , and that death occurred at <i>8:15 AM</i> , from the causes and on the date stated above. SIGNATURE <i>J. Smith, La Mar</i> ADDRESS <i>Snow Hill</i> DATE SIGNED <i>29/55</i>			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) <i>Burial Dec 3/65</i>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <i>Bethel Methodist Snow Hill MD</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR <i>Elmer Cooper</i>		FUNERAL DIRECTOR ADDRESS <i>Elmer Cooper City Chmrs. Snow Hill MD</i>	

BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11391

12535

Reg. Dist.

No. 351

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH:

COUNTY Worcester MARYLAND
 CITY (If outside corporate limits, write RURAL
OR and give nearest town)
 TOWN Snow Hill

LENGTH OF STAY
(In this place)

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Worcester
 CITY (If outside corporate limits write RURAL and give nearest town)
 OR
 TOWN Snow Hill

STREET
ADDRESS
(If rural, give location)

3. NAME OF
DECEASED:
(First) Isaac (Middle) Brown (Last)

4. DATE
OF
DEATH Nov 30 (Month) Nov (Day) 55 (Year)

5. SEX:

6. COLOR OR
RACE: Female White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify) MARRIED

8. DATE OF BIRTH: Dec 15 1885

9. AGE last birthday: 69 IF UNDER 1 YEAR 15 IF UNDER 24 HRS.
15 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most. of work life, even if retired): Farmer10b. KIND OF BUSINESS OR INDUSTRY: Own Home11. BIRTHPLACE (State or foreign country): Worcester 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

Isaac Brown

14. MOTHER'S MAIDEN NAME:

Frances Pettit15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS:

W. George W. Brown, 7931 Roberts Rd18. MEDICAL CERTIFICATION Worrell 3, VaINTERVAL BETWEEN
ONSET AND DEATH
minutesI. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Acute Coronary Occlusion

Immediate cause

(a) DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating underlying cause last

(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?
Yes No 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED While at work Not while at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE Donald L. Mar

CHIEF MEDICAL EXAMINER
 DEPUTY MEDICAL EXAMINER
 M. D. ASSISTANT MEDICAL EXAM.

DATE SIGNED

12-1-5523. BURIAL, CREMATION, REMOVAL (Specify): BurialDATE THEREOF Nov 2 55NAME OF CEMETERY OR CREMATORIAL Saint Anne BaptistLOCATION (City, town or county) (State) Snow HillDATE REC'D BY LOCAL REG. Dec 3, 55REGISTRAR'S SIGNATURE Elmer E. Cooper

24. FUNERAL DIRECTOR

ADDRESS

BUREAU V. S.

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1139 CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY <u>WORCESTER</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md</u> COUNTY <u>WORCESTER</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>OCEAN CITY</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>OCEAN CITY</u>		LENGTH OF STAY (in this place)	50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Baltimore Ave</u>		STREET ADDRESS <u>BALTIMORE AVE</u>	
3. NAME OF (First) <u>SAVANNAH DENNIS CARGY</u> (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH: Nov. 8 1955	
5. SEX: <u>F</u>		6. COLOR OR RACE: <u>W</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>Widow</u>		8. DATE OF BIRTH: <u>AUG. 15 1883</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOTEL MANAGER</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>OWN HOTEL</u>	
13. FATHER'S NAME: <u>REVERDY S. DENNIS</u>		11. BIRTHPLACE (State or foreign country): <u>NEWARK MD</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unk.) <u>No</u> (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1</u> IMMEDIATE CAUSE <u>Coronary Occlusion Massive</u> ANTECEDENT CAUSE (S) <u>Arterio sclerotic cvd</u>			
(A) DUE TO <u>Obesity</u>			
(B) DUE TO			
(C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Obesity</u>			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>8 years</u>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>Not while at work</u>	
21C. WHERE DID (City or town) (County) INJURY OCCUR?		(State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 7 1955</u> to <u>Nov 8, 1955</u> , that I last saw the deceased alive on <u>Nov 7 1955</u> , and that death occurred at <u>1:05</u> M., from the causes and on the date stated above. SIGNATURE <u>Dawson</u> ADDRESS <u>Ocean City Md</u> DATE SIGNED <u>Nov 10, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11/10/55</u>	
NAME OF CEMETERY OR CREMATORIAL <u>ST. PAULS</u>		LOCATION (City, town, or county) <u>BERLIN</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11-12-55</u>		24. FUNERAL DIRECTOR ADDRESS <u>Diana A. Burbs Berlin Md</u>	
REGISTRAR'S SIGNATURE <u>Helen F Hayward</u>			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11399
11393 CERTIFICATE OF DEATH Reg. Dist. No. 355

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY STREET ADDRESS (If rural, give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS			
3. NAME OF DECEASED: (Type or Print)	First: Ida (Middle) Margaret (Last) Cross.	4. DATE (Month) (Day) (Year) OF DEATH: Nov. 10 1955	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: Jan 15 1872
9. AGE last birthday 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10B. KIND OF BUSINESS OR INDUSTRY: Own home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Kingley Williams	14. MOTHER'S MAIDEN NAME: Conchelia Hamblin.	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE: 420.1 ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) DUE TO: Coronary artery disease 2 yrs. (B) DUE TO: Congestive cardiac failure 3 years (C) DUE TO: Atherosclerosis & hypertension 10 years	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21C. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 1953, to Nov. 1955, that I last saw the deceased alive on 19... and that death occurred at M., from the causes and on the date stated above.			
SIGNATURE: Robert A. Grubbs Jr.	ADDRESS: Berlin, Md.	DATE SIGNED: 11/12/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	DATE THEREOF: 11/13/53	NAME OF CEMETERY OR CREMATORIAL: Dennis	LOCATION (City, town, or county): Bellamy, Md.
DATE REC'D BY LOCAL REGISTRAR: 11-12-55	REGISTRAR'S SIGNATURE: Helen F. Hayward	24. FUNERAL DIRECTOR:	ADDRESS: Peter Whaley, Selbyville

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18**11394 CERTIFICATE OF DEATH**

12539

Reg. Dist. No. 351

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN		Worcester MARYLAND Snow Hill LENGTH OF STAY (in this place) Most of life		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		COUNTY Worcester Snow Hill STREET ADDRESS (If rural give location) Rural	
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home - Snow Hill							
3. NAME OF DECEASED (Type or Print) William Edward Ewell				4. DATE OF DEATH 11 - 12 - 1955			
5. SEX Male	6. COLOR OR RACE A.A.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	B. DATE OF BIRTH 9-27-1898	9. AGE last birthday 57 yrs.	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 15	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Horntown, Virginia			12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Taylor				14. MOTHER'S MAIDEN NAME Mary Ewell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No				16. SOCIAL SECURITY NO. No			
17. INFORMANT & ADDRESS Marvin Ewell, 125 First St. Salis. Md.				18. MEDICAL CERTIFICATION Carcinoma of liver & geritoneum Primary source unknown			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 199.9				INTERVAL BETWEEN ONSET AND DEATH unknown			
IMMEDIATE CAUSE (A)		ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 10/15/55		19b. MAJOR FINDINGS OF OPERATION Undespread abdominal malignancy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) Snow Hill		(County) Worcester Co.	(State) Md.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/1/55, 19....., to 11/12/55, 19....., that I last saw the deceased alive on 11/12/55, 19....., and that death occurred atM, from the causes and on the date stated above.							
SIGNATURE <i>Paul Cooper</i> M.D. ADDRESS (Street, city, town, state) <i>Snow Hill Md</i> DATE SIGNED <i>11/14/55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11-16-55		NAME OF CEMETERY OR CREMATORIAL Hutt's Chapel Cemetery		LOCATION (City, town, or county) Snow Hill, Worcester Co. Md.	
24. REC'D BY REGISTRAR Nov. 14, 1955		REGISTRAR'S SIGNATURE <i>Elroy E. Cooper</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Stuart Funeral Home 334 E Church</i>		ADDRESS 334 E Church Stuart Funeral Home 334 E Church 334 E Church	

the *d* in *do* is a vowel, and the *o* in *go* is a vowel.

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BUREAU V. S.

DEC 30 1955

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11400

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: <i>Worcester</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: <i>Po</i> <i>Worcester</i>	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place) <i>40 years</i>	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY <i>Po</i> <i>Pocomoke City Md</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>#2 Pocomoke</i> <i>436 Bank St</i>	(If rural give location) <i>436 Bank St</i>	STREET ADDRESS	(If rural give location) <i>436 Bank St</i>
3. NAME OF DECEASED: (Type or Print)	(First) <i>Elia</i> (Middle) <i>Fisher</i> (Last)	4. DATE (Month) (Day) (Year) OF DEATH: <i>11-13-79</i>	
5. SEX: <i>Male</i>	6. COLOR OR RACE: <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <i>Widow</i>	8. DATE OF BIRTH: <i>May 30-18964</i>
9. AGE last birthday yrs. <i>85</i>	10. KIND OF BUSINESS OR INDUSTRY: <i>House at Home</i>	11. BIRTHPLACE (State or foreign country): <i>Pa</i> <i>Pa. Sd.</i>	12. CITIZEN OF WHAT COUNTRY? <i>Pa. Sd.</i>
13. FATHER'S NAME: <i>Calvin Evans</i>	14. MOTHER'S MAIDEN NAME: <i>Laura Justice</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>	16. SOCIAL SECURITY NO. <i>78</i>	17. INFORMANT & ADDRESS: <i>Ella Gruber - daughter</i>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>450.1</i> IMMEDIATE CAUSE <i>Gangrene of foot</i> ANTECEDENT CAUSE (S): <i>Paroxysmiasis</i>			
(A) DUE TO <i>Hypertension</i>			
(B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Hypertension</i>			
19A. DATE OF OPERATION: <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH <i>6 weeks</i>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>While at work</i>	21C. WHERE DID INJURY OCCUR? <i>At work</i>	(County) <i>Pocomoke City Md</i> (State) <i>MD</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>M.</i>	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 13, 1955</i> , to <i>Nov 13, 1955</i> that I last saw the deceased alive <i>Nov 2, 1955</i> and that death occurred at <i>9:30 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>M. E. Sartorius</i> ADDRESS <i>M. D. Pocomoke City Md</i> DATE SIGNED <i>11/15/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>11-17-55</i>	NAME OF CEMETERY OR CREMATORIAL <i>Hall's Hill</i>	LOCATION (City, town, or county) (State) <i>Pocomoke, Md.</i>
DATE REC'D BY LOCAL REGISTRAR <i>Nov 16, 1955</i>	REGISTRAR'S SIGNATURE <i>Anne E. White</i>	24. FUNERAL DIRECTOR <i>Edgar Wharton-New Church, Va.</i>	ADDRESS

BUREAU V. E.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 351

Reg. Dist.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY <i>Worcester</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Md</i> COUNTY <i>Worcester</i>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Snow Hill</i>		LENGTH OF STAY (in this place) <i>2 yrs</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <i>Snow Hill</i>	
3. NAME OF DECEASED: (First) <i>Lillian Mae Harmon</i> (Middle) <i></i> (Last) <i></i> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <i>11 26 1955</i>	
5. SEX: <i>F</i>	6. COLOR OR RACE: <i>Green</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Single</i>	8. DATE OF BIRTH: <i>4/7/1929</i>
10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): <i>Waitress</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>at home</i>	11. BIRTHPLACE (State or foreign country): <i>Snow Hill, Md</i>
13. FATHER'S NAME: <i>Henry Dale</i>		14. MOTHER'S MAIDEN NAME: <i>Edna Harmon</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.: <i>(7)</i>	17. INFORMANT & ADDRESS: <i>Edna Baine - Snow Hill, Md</i>
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause (a) <i>Broken neck - also other injuries mentioned</i> DUE TO Antecedent cause(s) (b) <i>Auto - accident</i> Diseases or conditions, if any, giving rise to the above cause (c) <i>"Drunkin" driver</i> stating underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, office, etc.) <i>offered rate 3 1/2 miles of Worcester</i>	21c. (City or town) <i>Worcester</i> (County) <i>Md</i> (State) <i>Worcester</i>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>11-26-55 11:55 A.M.</i>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input checked="" type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Auto accident left side road hit another</i>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>N.E. Harmon</i>			
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>	DATE THEREOF <i>Nov 29/55</i>	NAME OF CEMETERY OR CREMATORIAL <i>Mt. Nebo</i>	LOCATION (City, town, or county) <i>Snow Hill</i> (State) <i>Md</i>
DATE REC'D BY LOCAL REG. <i>11/30/55</i>	REGISTRAR'S SIGNATURE <i>Elmer E. Cooper</i>	24. FUNERAL DIRECTOR <i>Elmer E. Cooper</i>	ADDRESS <i>Elmer E. Cooper, Mt. Nebo, Snow Hill, Md</i>

BUREAU V. S.

DEC 20 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11401

11396 CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY <i>Maryland</i> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) <i>Snow Hill</i> TOWN <i>Snow Hill</i>				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>md</i> COUNTY <i>Maryland</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Snow Hill</i> STREET ADDRESS <i>(If rural give location)</i>			
3. NAME OF DECEASED: (First) <i>Winona</i> (Middle) <i>C.</i> (Last) <i>Harris</i> (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH: <i>Nov. 5 1955</i>			
5. SEX: <i>Female</i>	6. COLOR OR RACE: <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED: <i>Married</i>	8. DATE OF BIRTH: <i>May 6, 1860</i>	9. AGE last birthday: <i>95</i>	10. IF UNDER 1 YEAR Months <i>25</i> Days <i>0</i>	11. IF UNDER 24 HRS. Hours <i>25</i> Min. <i>0</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Housewife</i>				10B. KIND OF BUSINESS OR INDUSTRY: <i>arm home</i>			
13. FATHER'S NAME: <i>William D. Soddy Sr.</i>				11. BIRTHPLACE (State or foreign country): <i>Snow Hill, md</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, blank.) (If Yes, give war or dates of service) <i>No</i>				12. CITIZEN OF WHAT COUNTRY?: <i>None</i>			
16. SOCIAL SECURITY NO.: <i>None</i>				14. MOTHER'S MAIDEN NAME: <i>Mary Party</i>			
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE <i>448x</i> ANTECEDENT CAUSE (S) <i>Giving rise to the above cause</i> DISEASES OR CONDITIONS, IF ANY, STATING UNDERLYING CAUSE LAST. <i>Hypertension</i>				17. INFORMANT & ADDRESS: <i>Mr. Margaret Soddy, Snow Hill, md</i> INTERVAL BETWEEN ONSET AND DEATH <i>?</i>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7/20 1955</i> to <i>11/5 1955</i> , that I last saw the deceased alive on <i>11/5 1955</i> , and that death occurred at <i>4:30 PM</i> , from the causes and on the date stated above SIGNATURE <i>Thomas S. Jones, M.D.</i> ADDRESS <i>Snow Hill, MD</i> DATE SIGNED <i>11/5 1955</i>							
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) <i>Burial Nov. 7/65</i>		NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <i>Whatazet Methodist Church, Snow Hill, md</i> (State)					
DATE REC'D BY LOCAL REGISTRAR <i>Nov. 7, 55</i>		REGISTRAR'S SIGNATURE <i>Ellyn E. Cooper</i>		FUNERAL DIRECTOR <i>Ellyn E. Cooper</i>		ADDRESS <i>Snow Hill, md</i>	

RECEIVED
BUREAU U. S.

NOV 15 1955

INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11397

CERTIFICATE OF DEATH

11402

Reg. Dist. No. 350

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	COUNTY Worcester STREET ADDRESS (If rural give location)
X RURAL - Pocomoke HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #1	10 years	RURAL - Pocomoke City X	RFD #1
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) Florence		(Middle)	(Last) Lankford Nov. 27, 1955
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH August 23, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE last birthday 57 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Corbin		14. MOTHER'S MAIDEN NAME Atline Bevans	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS Joe Lankford RFD # 1, Pocomoke City, Md.		18. MEDICAL CERTIFICATION Hemorrhage (Intestinal) Peptic Ulcer (Probably) Refused hospitalization	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 541.0 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH Early Weeks OK	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 13 '55 23		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from alive on Nov 23 1955, and that death occurred at 2:30 AM, from the causes and on the date stated above. SIGNATURE N.E. Sartorus M.D.		ADDRESS (Street, city, town, state) Pocomoke City Md DATE SIGNED 11/27/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL Nov. 30, 1955 Hutts Chapel	
24. REC'D BY REGISTRAR DATE 11/30/55		LOCATION (City, town, or county) Snow Hill, Maryland	
REGISTRAR'S SIGNATURE Anne E. White		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry H. Watson, Pocomoke, Maryland	

BUREAU V. S.

DEC 5 1955

RECEIVE

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12543

11398 CERTIFICATE OF DEATHReg. Dist. No. 351

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY <u>Worcester</u>		MARYLAND		STATE <u>Virginia</u>		COUNTY <u>Accomack</u>		
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		(If rural give location)		
<u>X Snow Hill</u>		<u>4 hours</u>		<u>New Church</u>		<u>83X-3</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS				
3. NAME OF DECEASED (First) <u>Goldsborough</u> (Middle) <u></u> (Last) <u>Lescealette</u>				4. DATE OF DEATH Nov 29 1955				
S. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 27, 1877</u>	9. AGE last birthday <u>78</u> yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			
13. FATHER'S NAME <u>Henry W. Lescealette</u>				14. MOTHER'S MAIDEN NAME <u>Mary Powell</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service) <u>---</u>				16. SOCIAL SECURITY NO. <u>225-14-3076</u>				
17. INFORMANT & ADDRESS <u>Mrs Lena V. Lescealette</u> <u>New Church, Virginia</u>				18. MEDICAL CERTIFICATION				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>442x</u> IMMEDIATE CAUSE <u>Cerebral Accident</u> (A)				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>				
ANTECEDENT CAUSE(S) DUE TO <u>Cardio vascular hypertension</u>								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>renal disease</u>								
STATING UNDERLYING CAUSE LAST. (C) <u>unknown</u>								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) <u>None</u> (County) <u></u> (State) <u></u>				
21d. TIME OF INJURY (Month) <u>Nov</u> (Day) <u>22</u> (Year) <u>1955</u> (Hour) <u></u>		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Nov 22, 1955</u> , to <u>Nov 29, 1955</u> , that I last saw the deceased alive on <u>Nov 29, 1955</u> , and that death occurred at <u>8 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Paul Chen</u> ADDRESS (Street, city, town, state) <u>Snow Hill Md.</u> DATE SIGNED <u>11/30/55</u>								
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Dec 1, 1955</u>		NAME OF CEMETERY OR CREMATORIUM <u>Groton Cemetery</u>		LOCATION (City, town, or county) <u>Groton</u> (State) <u>Virginia</u>		
24. REC'D BY REGISTRAR DATE <u>Dec 5, 55</u>		REGISTRAR'S SIGNATURE <u>Elmer E. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry H. Watson</u>		ADDRESS <u>Pocomoke City, Md.</u>		

WISCONSIN STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

1955 CERTIFICATE OF DEATH

04-160-1000

DECEASED PERSON'S NAME: MARY E. HARRIS

DEATH DATE:

JAN 10, 1955

AGE AT DEATH:

75 YEARS

SEX:

FEMALE

RACE:

WHITE

RELIGION:

PROTESTANT

EDUCATION:

GRADE 8

EMPLOYMENT:

DOMESTIC

ADDRESS:

1234 1ST AVENUE

BALTIMORE, MD

PHONE NUMBER:

456-1234

CAUSE OF DEATH:

HEART DISEASE

TIME OF DEATH:

10:00 AM

PLACE OF DEATH:

HOSPITAL

NAME OF DOCTOR:

DR. JAMES

ADDRESS:

1234 1ST AVENUE

BALTIMORE, MD

PHONE NUMBER:

456-1234

NAME OF FUNERAL DIRECTOR:

MARY HARRIS

ADDRESS:

1234 1ST AVENUE

BALTIMORE, MD

PHONE NUMBER:

456-1234

NAME OF POLICE OFFICER:

OFFICER JONES

ADDRESS:

1234 1ST AVENUE

BALTIMORE, MD

PHONE NUMBER:

456-1234

NAME OF MEDICAL EXAMINER:

DR. JONES

ADDRESS:

1234 1ST AVENUE

BALTIMORE, MD

PHONE NUMBER:

456-1234

NAME OF CLERK:

CLERK JONES

ADDRESS:

1234 1ST AVENUE

BALTIMORE, MD

PHONE NUMBER:

456-1234

NAME OF ATTORNEY:

ATTORNEY JONES

ADDRESS:

1234 1ST AVENUE

BALTIMORE, MD

PHONE NUMBER:

456-1234

NAME OF POLICE OFFICER:

OFFICER JONES

ADDRESS:

1234 1ST AVENUE

BALTIMORE, MD

PHONE NUMBER:

456-1234

NAME OF CLERK:

CLERK JONES

ADDRESS:

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BALTIMORE, MD

PHONE NUMBER:

456-1234

NAME OF ATTORNEY:

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BALTIMORE, MD

PHONE NUMBER:

456-1234

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OFFICER JONES

ADDRESS:

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BALTIMORE, MD

PHONE NUMBER:

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NAME OF CLERK:

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PHONE NUMBER:

456-1234

NAME OF POLICE OFFICER:

OFFICER JONES

ADDRESS:

1234 1ST AVENUE

BALTIMORE, MD

PHONE NUMBER:

456-1234

NAME OF CLERK:

CLERK JONES

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-1-5 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12568

11403

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY

Worcester

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN

HOSPITAL OR
INSTITUTION OR
STREET ADDRESSLENGTH OF STAY
(in this place)

life

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

Md.

COUNTY

Worcester

CITY (If outside corporate limits, write RURAL and give nearest town)

OR

TOWN

STREET
ADDRESS

(If rural give location)

Bishop

rural

3. NAME OF
DECEASED
(Type or Print)

(First)

(Middle)

(Last)

Male white

Ara Parker Quillen

Nov. 18
1955

DATE OF BIRTH

AGE last birthday

63
yrs.IF UNDER 1 YEAR
MonthsIF UNDER 24 HRS.
Days

Hours

Min.

5. SEX
6. COLOR OR
RACE
7. SINGLE, MARRIED,
WIDOWED-DIVORCED,
(Specify)8. DATE OF BIRTH
Mar. 10, 18929. AGE last birthday
63 yrs.10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) Farming10b. KIND OF BUSINESS
OR INDUSTRY
our farm11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF WHAT
COUNTRY?
U.S.A.

13. FATHER'S NAME

William Quillen

14. MOTHER'S MAIDEN NAME

Marissa Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

—

17. INFORMANT & ADDRESS

Menie Quillen

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE

(A)

Coronary Thrombosis, rec

INTERVAL BETWEEN
ONSET AND DEATH
minutes

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.

(B)

Coronary Sclerosis & Coronary Heart Disease

5 yrs

(C)

Atherosclerosis generalized

5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

obesity

15 yrs

ed. AUTOPSY?

YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While
at work Not while
at work

21f. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from Jan. 1, 1955, to Nov. 18, 1955, that I last saw the deceased
alive on Nov. 17, 1955, and that death occurred at 8 AM, from the causes and on the date stated above.
SIGNATURE

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

Burial

11/21/55

Red Men's

Debrywells, Md.

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE 11/19/55

Helen F. Hayward

Harry J. Watson

Pocono Pines, Pa.

CERTIFICATE OF DEATH

8921

BUREAU V. S.

NOV 28 1955

RECEIVED